

## Who is Eligible to Apply to Take the Examination?

### Graduates from:

- Florida approved nursing education program as defined in Section 464.003, F.S.
- Accreditation Commission for Education in Nursing (ACEN) or Commission on Collegiate Nursing Education (CCNE) accrediting nursing program that has been issued an NCLEX code by the National Council of State Boards of Nursing (NCSBN).
- Nursing education program that is approved or recognized by the jurisdiction in which it is based and that has been issued an NCLEX code by NCSBN.
- Military nursing programs that have been issued an NCLEX code by NCSBN. Other military health related programs are not equivalent to professional nursing programs in Florida. Programs completed to qualify as a hospital corpsman, technician, physician or a physician's assistant are not classified as registered or practical nursing programs and are not equivalent.
- Generic Master's of Science in Nursing (MSN) or higher program that has been issued an NCLEX code by NCSBN.
- A non-NCSBN jurisdiction or international education program that the Board of Nursing determines is equivalent to an approved program.

### OR:

- Practical Nurse examination based on practical nursing equivalency (PNEQ) - Applicants who have successfully completed courses equivalent to practical nursing education in a registered nursing program. (See Nursing Education History, Section 2 in the application for more information.)
- Canadian Registered Nurses who took the Canadian Nurses Association Testing Service (CNATS) Examination after August 8, 1995, must take the NCLEX Examination unless licensed in another state or territory. If test scores are in an acceptable range approved by the Board of Nursing, Canadian Registered Nurse applicants who took the CNATS prior to August 8, 1995, may be eligible for endorsement. **Unless** licensed in another U.S. state or territory, Canadian Licensed Practical Nurses are required to apply by examination.

## Important Information for All Exam Applicants

**Failure to register for the examination with Pearson VUE will delay approval of your Authorization to Test (ATT). Applicants should register with Pearson VUE prior to approval by the Board.**

- **Exception:** Applicants educated outside the U.S. should not register with Pearson VUE until written approval is received from the board office.

**NCLEX Information:** In addition to applying for licensure with the Board, all exam applicants must register with Pearson VUE and pay the fee. **All fees paid to Pearson VUE are nonrefundable.** You may register by telephone at 1-866-496-2539 or via the internet at [www.vue.com/nclex](http://www.vue.com/nclex) by using a valid credit card.

You may access the NCLEX Candidate Bulletin via the internet at: [www.vue.com/nclex](http://www.vue.com/nclex)

Changing your address may cause problems with your exam process. Therefore, you should notify the Board of Nursing of any address changes in writing as soon as possible. Address changes can be emailed to: [mqa\\_nursing\\_appstatus@doh.state.fl.us](mailto:mqa_nursing_appstatus@doh.state.fl.us)

## Registering with Pearson VUE (Continued)

Applicants who register with Pearson VUE **AFTER** they are made eligible need to contact the board office to report your registration. This notification is necessary to ensure your approval is sent to Pearson VUE.

\*\*\*Any applicant who **does not take their scheduled examination** within 90 days of the ATT being issued must re-register with Pearson VUE and notify the board office. The Board is not able to grant extensions.\*\*\*

## **Pearson VUE Personal Identification Requirements**

**When you arrive at the test center, you will be required to present:**

- **Your Authorization to Test (ATT) Letter**
- **Acceptable Identification**

If you arrive without these materials, you will be turned away and will be required to re-register and repay Pearson VUE's examination fee of \$200.00.

**Only** the identifications listed below will be accepted. Due to the importance of the NCLEX examination, several security measures **will be enforced** during the administration of the examination. Strict candidate identification requirements have been established by the National Council of State Boards of Nursing (NCSBN). Find out more at: <https://www.ncsbn.org/1213.htm>

The **only acceptable forms of identification** for testing centers in the U.S. are:

- U.S. Driver License
- Provincial/Territorial or State Identification Card
- Passport (The only identification acceptable for testing centers outside of the U.S.)
- U.S. Military Identification
- Permanent Residence Card

**All identification must:**

- Be valid
- Not expired
- Include a signature
- Include a photograph
- Contain your name in Roman characters
- Be government-issued

Temporary identification (examples include limited term IDs and any ID reading "temp" or "temporary") must meet the requirements listed above.

For information on Identification from a U.S. sanctioned (embargoed) country please view the NCLEX examination candidate bulletin found on the web at [www.vue.com/nclex](http://www.vue.com/nclex)

## Graduate Nurse (GN) Status

Graduate Nurse Status is only valid within 6 months of graduation. To qualify for GN status you must apply to the Florida Board of Nursing and be approved. Employers will require you to present your eligibility letter from the Board and your Authorization to Test (ATT) from Pearson VUE.

Applicants with GN status must practice nursing under the direct supervision of a registered nurse. Direct supervision is defined as the physical presence within the patient care unit of a registered nurse who assumes legal responsibility for the nursing practice of graduate nurses.

- Applicants who graduate 6 months or more prior to submitting their application will not be eligible for GN status.
- Applicants who do not pass the first examination will lose their GN status and are no longer eligible for employment in that capacity.

## Changes in Florida Law

July 1, 2014, changes in Florida law regarding nursing education go into effect. These changes require applicants who graduated from a Florida Board Approved (not accredited) Nursing Program to take their initial exam within six (6) months of graduation. Applicants who do not take the exam within six (6) months of graduation must complete a Board Approved licensure examination preparatory course.

### **What is the difference between an "approved" and an accredited" nursing education program in Florida?**

An "approved" nursing education program is a program that is conducted in Florida at an education institution that is approved and regulated by the Board of Nursing under S.464.019, Florida Statutes.

An "accredited" nursing education program is a program that is conducted in the United States that is accredited by a specialized nursing accrediting agency that is nationally recognized by the U.S. Secretary of Education to accredit nursing education programs: Accreditation Commission for Education in Nursing (ACEN) or Commission of Collegiate Nursing Education (CCNE).

## Re-examination Applicants and Subsequent Examinations

Per S.464.008(3), F.S.: Any applicant who has failed a licensing examination three consecutive times, regardless of the jurisdiction in which the examination is taken, shall be required to complete a board approved remedial course:

[www.floridasnursing.gov/education-and-training-programs/florida-board-of-nursing-approved-remedial-courses/](http://www.floridasnursing.gov/education-and-training-programs/florida-board-of-nursing-approved-remedial-courses/)

An applicant who fails the examination must submit a current Re-examination Application to the Board of Nursing in order to reschedule an examination.

[http://ww10.doh.state.fl.us/pub/bon/ApplicationsForms&Matrices/Final\\_Re-examination\\_Application.pdf](http://ww10.doh.state.fl.us/pub/bon/ApplicationsForms&Matrices/Final_Re-examination_Application.pdf)

You must also re-register for the examination directly with Pearson VUE by re-registering and paying the applicable fee. NCSBN policy requires that an applicant **wait a minimum of 45 days between each examination.**

**Applicants Educated Outside the United States or Graduates from U.S. Territories Whose Regulatory Nursing Board is not a Member of the National Council of State Boards of Nursing (NCSBN):**

You are required to have a full education credentials review by a Florida approved credentialing agency. An original copy of the report must be sent electronically to the Board of Nursing directly from the agency.

As of October 1, 2009, the Board no longer accepts paper copies of the credentials report. Applicants are responsible for paying all fees the agency charges for these services. After your application for licensure is processed and has been deemed complete, the Board of Nursing will review your educational evaluation and contact you with the status of your application in writing. Please ensure that your mailing address is up to date throughout the application process.

**Credentials reports received from credentialing agencies not listed below will not be accepted.**

**Florida Board Approved Evaluators**

**Educational Records Evaluation Service, Inc.**

601 University Avenue, Suite 127  
Sacramento, CA 95825-6738, USA

Phone: (916) 921-0790 or 866-411-3737  
866-411-ERES (Toll Free)  
Fax: (916) 921-0793  
Email: [edu@eres.com](mailto:edu@eres.com)  
Web: [www.eres.com](http://www.eres.com)

**International Education Research Foundation, Inc.**

Post Office Box 3665  
Culver City, CA 90231-3665, USA

Phone: (310) 258-9451  
Fax: (310) 342-7086  
Email: [information@ierf.org](mailto:information@ierf.org)  
Web: [www.ierf.org](http://www.ierf.org)

**Josef Silny & Associates, Inc.  
International Education Consultants**

7101 SW 102 Avenue  
Miami, FL 33173, USA

Phone: (305) 273-1616  
Fax: (305) 273-1338  
Email: [info@jsilny.com](mailto:info@jsilny.com)  
Web: [www.jsilny.com](http://www.jsilny.com)

**Commission on Graduates of Foreign Nursing Schools**

3600 Market Street, Suite 400  
Philadelphia, PA 19104-2651, USA

Applicant Inquires: (215) 662-0425  
Customer Service Fax: (215) 622-0425  
Automated Phone System (to check status):  
(215) 599-6200  
Email: [info@cgfns.org](mailto:info@cgfns.org)  
Web: [www.cgfns.org](http://www.cgfns.org)

## **English Competency Requirements**

Rule 64B9-3.002 (1)(d), F.A.C., requires that English competency be demonstrated. The list of methods approved by this rule can be found on our website at:  
<http://www.floridasnursing.gov/forms/licensure-info-edu-outside-us.pdf>

## **Approved English Competency Exams**

### **IELTS Cambridge/IELTS International**

100 East Corson Street, Suite 200  
Pasadena, CA 91103, USA  
Phone: (626) 564-2954  
Fax: (626) 564-2981  
Email: [ielts@ceii.org](mailto:ielts@ceii.org)  
Web: [www.ielts.org](http://www.ielts.org)

### **MELAB English Language Institute**

500 East Washington Street  
Ann Arbor, MI 48104-2028, USA  
Phone: (734) 764-2416, (toll free) (1-866-696-3522)  
Fax: (734) 615-6586  
Web: <http://www.cambridgemichigan.org/melab>

### **TOEFL Services**

Educational Testing Service  
P.O. Box 6151  
Princeton, NJ 08541-61511, USA  
Phone: (609) 771-7100  
Fax: (609) 734-1560  
Email: [Toefl@ets.org](mailto:Toefl@ets.org)  
Web: [www.ets.org](http://www.ets.org)

### **TOEIC Testing Program**

Educational Testing Service  
Rosedale Road  
Princeton, NJ 08541 USA  
Phone: (609) 771-7170  
Email: [Toeic@ets.org](mailto:Toeic@ets.org)  
Web: [www.ets.org](http://www.ets.org)

Other methods of providing proof of English competency can be found on our website at:  
<http://www.floridasnursing.gov/forms/licensure-info-edu-outside-us.pdf>

## **Applicants with questions regarding Visas or work permits should contact the:**

Bureau of Immigration and Customs Enforcement  
4255 "I" Street N.W.  
Washington D.C. 20536, USA  
Phone: 1-800-375-5283  
Web: [www.uscis.gov/portal/site/uscis](http://www.uscis.gov/portal/site/uscis)

## **For Visa Screening contact the:**

Commission on Graduates of Foreign Nursing Schools (CGFNS)  
3600 Market Street  
Philadelphia, PA 19104, USA  
Phone: (215) 349-8767  
Web: [www.cgfns.org](http://www.cgfns.org)

Florida Board of Nursing  
PO Box 6330  
Tallahassee, FL 32314  
Phone: (850) 245-4125  
Fax: (850) 617-6460

# Nursing Licensure by Examination Application

Website: [www.floridasnursing.gov](http://www.floridasnursing.gov)  
Email: [Mqa.NursingAppstatus@flhealth.gov](mailto:Mqa.NursingAppstatus@flhealth.gov)

**Please complete this application in its entirety prior to printing.**

Do Not Write in this Space  
For Revenue Receiving Only

This is not a Re-examination application; you can find the Re-examination application on the web at: [www.floridasnursing.gov](http://www.floridasnursing.gov) under the Resources Tab.

Fees must be paid in the form of a cashier's check or money order, made payable to: DOH Florida Board of Nursing

## Choose your application type:

- Registered Nurse (RN) 1701- \$110.00
- Licensed Practical Nurse (LPN) 1702- \$110.00

Total fee of \$110.00 includes the following:

Processing Fee	\$50.00
Initial Licensure Fee	\$50.00
Student Loan Forgiveness Fund	\$ 5.00
Unlicensed Activity Fee	\$ 5.00

An applicant, who is denied licensure, or withdraws the application prior to licensure, is entitled to a refund of \$60.00 (initial licensure, student loan forgiveness and unlicensed activity fees). A signed request to withdraw or for a refund must be made in writing. Fees are refundable for up to 3 years from the date of receipt.

## 1. PERSONAL INFORMATION

**IMPORTANT-** The name on this application **must match the name** on your NCLEX application to Pearson VUE exactly. Your name not matching exactly as it appears on **your identification** will result in you not being allowed to take the exam at your scheduled time and cause a substantial **increase in costs** for re-application to the Board and to Pearson VUE

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

**Mailing Address: (Give the address where mail and your license should be sent)**

\_\_\_\_\_  
Street/P.O. Box Apt. No. City

\_\_\_\_\_  
State Zip Country Home/Cell Telephone (Input with dashes)

**Physical Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website.)**

\_\_\_\_\_  
Street Apt./Suite No. City

\_\_\_\_\_  
State Zip Country Work/Cell Telephone (Input with dashes)

**Equal Opportunity Data:** We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

**SEX:**  Male  Female **RACE:**  White  Black  Asian/Pacific Islander  Hispanic  Other \_\_\_\_\_

**NAME** \_\_\_\_\_

**Email Notification:** If you want to be notified of the status of your application by email please check the "Yes" box and write your email address on the line provided below. If you choose this form of notification, you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the Board office at: [mqa.nursingappstatus@flhealth.gov](mailto:mqa.nursingappstatus@flhealth.gov)

**I want to be notified by email:**       Yes       No

**Email Address:** \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

---

**2. NURSING EDUCATION HISTORY**

A. NURSING SCHOOL ATTENDED: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

B. Program Type:  DIPL  LPN  ADN  BSN    C. Date Graduated/Anticipated Graduation: \_\_\_\_\_  
(MM/YYYY)

D. ADDITIONAL NURSING PROGRAM ATTENDED: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

E. Program Type:  DIPL  LPN  ADN  BSN    F. Date Graduated/Anticipated Graduation: \_\_\_\_\_  
(MM/YYYY)

Applicants who have successfully completed courses, equivalent to practical nursing education in a professional nursing program, may qualify for NCLEX-PN based on practical nursing equivalency (**PNEQ**). All professional courses taken must have been successfully completed with a grade of "C" or better and must have included theory and clinical instruction. The professional or practical nursing curriculum must document clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric and geriatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to, acute care, long-term care and community settings.

**Please place a check here if you did not graduate from the RN program you attended and are applying for NCLEX-PN based on practical nursing equivalency. Do not check if you are in a LPN program.**

**If you placed a check in the box above, you are required to have your school send the following items:**

Official transcripts       Course Descriptions       Practical Nurse Equivalency Application Letter

---

**3. APPLICANT BACKGROUND** Attach additional sheets, if necessary

A. List all name(s) by which you have been known in the past.

\_\_\_\_\_

B. What name(s) did you use when you received your nursing education? \_\_\_\_\_

C. What name did you use when you were first licensed? \_\_\_\_\_

D. Have you ever applied for licensure by examination in Florida, as a  RN  LPN ?      Date \_\_\_\_\_

E. Have you ever been licensed in Florida as a  RN  LPN ?      Date \_\_\_\_\_

- F.  Yes  No \* Have you ever been denied or is there now any proceeding to deny your application for any health care license to practice in Florida or any other state, jurisdiction or country?

\*If you answer “Yes” to question F in this section you must submit a self explanation as to why you are answering “Yes” to this question.

G. List all nursing licenses (active, inactive or lapsed). (ATTACH ADDITIONAL SHEET, IF NECESSARY)				
<u>State/Country</u>	<u>License No.</u>	<u>RN or LPN</u>	<u>Date of Licensure</u>	<u>Status of License and Expiry Date</u>

**4. MANDATORY PREVENTION OF MEDICAL ERRORS REQUIREMENT**

Completion of a two-hour course on the Prevention of Medical Errors is required prior to licensure. This course must be from an approved Florida Board of Nursing provider. Courses can be found online at [www.CEbroker.com](http://www.CEbroker.com)

- I have completed a 2 hour course on the Prevention of Medical Errors as required by Florida law.  
 \* Applicants who check this box **do not need to** submit proof of completion.
- I have NOT completed a 2 hour course on the Prevention of Medical Errors as required by Florida law.  
 \* Applicants who check this box **must subsequently submit** proof of completion.

**5. CRIMINAL HISTORY** Answers to commonly asked questions can be found on our website at: <http://www.floridasnursing.gov/help-center/#faqs>

- A.  Yes  No Have you **EVER** been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, **even if adjudication was withheld.**
- Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.**

**Failure to disclose information in this section may result in a denial of your application.**

**If you answered “Yes” you are required to send the following items:**

- Self Explanation** describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.
- Final Dispositions and Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- Completion of Sentence Documents.** You may obtain document from the Department of Corrections. The report must include the start date, end date and that the conditions were met.
- Three (3) current (written within the last year) professional **Letters of Recommendation.**



**6. LIVESCAN PRIVACY STATEMENT**

- I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation. (Found in the forms following this application). The Board will not receive your Livescan results if you do not affirm the above statement by checking this box.

**Electronic Fingerprinting: (Required for ALL applicants)**

All applicants, including out-of-state and out-of-country applicants, are required to submit their fingerprints electronically. The Department of Health accepts electronic fingerprinting offered by Livescan device providers that are approved by the Florida Department of Law Enforcement. For a list of approved Livescan vendors, please visit our website at : <http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html>

Typically background results submitted by Livescan are received by the Board within 24-72 hours of being processed. The Board of Nursing's ORI number is: **EDOH2550Z**. **The Board cannot accept hard fingerprint cards or results**. All results must be submitted electronically by the Livescan service provider.

Livescan screenings done by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at <https://caps.fdle.state.fl.us> and pay a fee before results will be released to our office.

Applicants who reside in an area where no Livescan service providers are available or because of state laws prohibiting transmission of fingerprints electronically across state lines should contact a Florida Livescan service provider who has the capability to convert a traditional card (hard card) into an electronic fingerprint card.

Because the Florida Department of Health retains fingerprints on any applicant who is required to undergo a criminal history screening as of January 1, 2013, those prints are retained in the Care Provider Clearinghouse. This Clearinghouse allows for the sharing of criminal history information among specified agencies.

One of the requirements for your Livescan to be retained in the Clearinghouse is a photograph taken by the Livescan service provider at time of fingerprinting. If your Livescan is completed without a photograph, you may have to undergo additional fingerprinting in the future.

**Applicants needing hard fingerprint cards can request them via email at: [Mqa.NursingAppstatus@flhealth.gov](mailto:Mqa.NursingAppstatus@flhealth.gov)**

- Please include your current mailing address in your request for fingerprint cards.
- **The Board cannot accept hard fingerprint cards or results.**

For Frequently Asked Questions about Livescan see our website at:

<http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html>

**Livescan service providers that offer hard card conversion to electronic fingerprinting (Livescan):**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Biometric Information Management<br/><a href="http://www.bioinfomgt.com">www.bioinfomgt.com</a><br/>Call: 614.791.3220</li> </ul> | <ul style="list-style-type: none"> <li>• Fieldprint<br/><a href="https://florida.fieldprint.com/User/">https://florida.fieldprint.com/User/</a><br/>Call: 877.614.4364</li> </ul> |
| <ul style="list-style-type: none"> <li>• Ideal Identification, Inc.<br/><a href="http://www.idealid.net/">http://www.idealid.net/</a><br/>Call: 866.288.6543</li> </ul>    | <ul style="list-style-type: none"> <li>• L-1 Solutions<br/><a href="http://www.L1Enrollment.com">www.L1Enrollment.com</a><br/>Call: 888.859.4356 or 800.528.1358</li> </ul>       |

**7. DISCIPLINARY HISTORY**

- A.  Yes  No Have you ever had disciplinary action taken against your license to practice any health care related profession by the licensing authority in Florida or in any other state, jurisdiction or country?
- B.  Yes  No Have you ever surrendered a license to practice any health care related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?
- C.  Yes  No Do you have disciplinary action pending against any license?

**Failure to disclose information in this section may result in a denial of your application.**

**If you answered “Yes” to any of the questions in this section, you are required to send the following items:**

- Self Explanation**, describing in detail the circumstances surrounding the disciplinary action.
- A copy of the **Administrative Complaint and Final Order**.
- Three (3) current (written within the last year) professional **Letters of Recommendation**.

---

**8. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS**

**IMPORTANT NOTICE:** Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer “Yes” to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

- 1.  Yes  No Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?

**If you responded “No” to the question above, skip to question 2.**

- a.  Yes  No If “Yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?
- b.  Yes  No If “Yes” to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).

c.  Yes  No If "Yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?

d.  Yes  No If "Yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "Yes", please provide supporting documentation).

2.  Yes  No Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

**If you responded "No" to the question above, skip to question 3.**

a.  Yes  No If "Yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

3.  Yes  No Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

**If you responded "No" to the question above, skip to question 4.**

a.  Yes  No If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

4.  Yes  No Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

**If you responded "No" to the question above, skip to question 5.**

a.  Yes  No Have you been in good standing with a state Medicaid program for the most recent five years?

b.  Yes  No Did the termination occur at least 20 years before to the date of this application?

5.  Yes  No Are you currently listed on the United States Department of Health and Human Services' Office of Inspector General's List of Excluded Individuals and Entities?

6.  Yes  No **If "Yes" to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? (If "Yes", please provide official documentation verifying your enrollment status.)**

## Confidential and Exempt from Public Records Disclosure

---

\* This page and the following page are exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USC § 666(a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by Section 456.013(1)(a), Florida Statutes.

**Last Name:**

---

**First Name:**

---

**Middle Name:**

---

**Social Security Number:**

---

(Input with dashes)

**Social Security Information** - \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.013(1), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub.L. Section 317) Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

Board of Nursing  
4052 Bald Cypress Way, Bin # C02  
Tallahassee, Florida 32399-3252  
Phone: (850) 245-4125 Fax: (850) 617-6460  
Website: [www.floridasnursing.gov](http://www.floridasnursing.gov)

10. **EXAMINATION HISTORY** For re-examination information visit [www.floridasnursing.gov](http://www.floridasnursing.gov) under the Resources Tab.

***Failure to disclose information in this section may result in a denial of your application.***

All applicants applying for the NCLEX exam through the state of Florida for the first time are considered initial applicants. This is regardless of whether they have previously taken the exam in a different state.

- A.  Yes  No Have you ever taken an examination for RN or LPN licensure?
- B. If "Yes", list **each jurisdiction (state/territory) for which the examination was taken**. *Attach additional sheets, if necessary*

Examination		State/Country	Month/Year	Results	
<input type="checkbox"/> RN	<input type="checkbox"/> PN	_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> RN	<input type="checkbox"/> PN	_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> RN	<input type="checkbox"/> PN	_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> RN	<input type="checkbox"/> PN	_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

11. **HEALTH HISTORY** (Supporting documentation should be sent directly to the board office.)

- A.  Yes  No In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?
- B.  Yes  No In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?
- C.  Yes  No During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice nursing within the past five years?
- D.  Yes  No In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?
- E.  Yes  No During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice nursing within the past five years?

If you answered "Yes" to any of the questions in this section, you are required to send the following items:

- Self Explanation**, explaining the medical condition(s) or occurrence(s) and current status.
- Letter(s) from Licensed Professional** summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any "Yes" answer. Documentation must be current within the last year.

**12. ADDITIONAL INFORMATION****Availability for Disaster:** Yes No

Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

**Florida Center for Nursing:**

The Florida Center for Nursing is the definitive source for information, research, and strategies addressing the dynamic nurse workforce needs in Florida. The Center conducts multiple annual and biennial research projects, including nurse employer and nursing program surveys, to provide a comprehensive look at Florida's nurse population.

Based on this research, the Center projects a severe nursing shortage in Florida – a shortage that could have a devastating impact on health care quality and access for Florida's residents. The Florida Center for Nursing also uses the research it produces to address issues of supply and demand and utilization of scarce nurse workforce resources throughout the state.

In addition to nurse workforce research, the Florida Center for Nursing aims to improve the retention and recruitment of nurses in Florida through funding small grants and also by collecting and disseminating information on best practices and innovative strategies for nurse retention and recruitment. Increasing production of new nurses alone will not resolve the shortage. Efforts must be taken to retain the experiential knowledge of our existing nurses.

To learn more about Florida's nursing shortage and suggested solutions, for more information about the Center, and to understand how your contribution will be put to work, please visit the Center's website at:

<http://www.flcenterfornursing.org/Donations/HowyourdonationshelptheFCN.aspx>

The Florida Center for Nursing's operating revenues are derived in part from your donation. In order for the Florida Center for Nursing to continue its work on behalf of nurses, please donate by going to their website or by adding your donation with your application fee.

**Do you want to donate to the Florida Center for Nursing?** Yes No

If you chose to include a donation with your application fee please indicate the amount. \$ \_\_\_\_\_

Donations are voluntary and do not impact the processing of your application. Donations made through the Florida Center for Nursing's website are tax deductible.

13. **SPECIAL TESTING ACCOMMODATIONS**

Yes

No

- You must have a **qualifying medical condition** in order to receive special accommodations.
- Applicants who require Special Accommodations should be aware that the process to have accommodations approved is quite lengthy, usually taking a minimum of 60 days.
- Applicants requiring Special Accommodations **should verify that the accommodations are available prior to scheduling their examination.**

In order to apply for special accommodations you must download the information booklet at <http://www.floridasnursing.gov/special-testing-accommodations/> or contact the Testing Services Unit at 850-245-4252.

14. **APPLICANT SIGNATURE**

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.083 and 775.084, Florida Statutes.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Registered Nurse or Licensed Practical Nurse in the State of Florida.

I further state that I have read and understand Chapter 464, Florida Statutes, and Rule Chapter 64B9, Florida Administrative Code as they pertain to the practice of nursing (Note: Ch 464 and Rule Chapter 64B9 may be obtained via the internet at [www.floridasnursing.gov](http://www.floridasnursing.gov)).

Florida Law requires you to immediately inform the Board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I will comply with all requirements for licensure renewal including continuing education credits.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This field cannot be typed. You must print out the application and sign it. MM/DD/YYYY

**All applications filed with the department are valid for one (1) year from the date of receipt or until the examination scores are received by the department, which ever comes first.**

# Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method;
- You can find a Livescan service provider at:  
<http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html>;
- Livescan screenings done by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at <https://caps.fdle.state.fl.us> and pay a fee before results will be released to our office.
- Out of State/Country Livescan directions are included in the electronic fingerprinting section of this application.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results;
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, **including your Social Security number (SSN)**;
- The ORI number for the Board of Nursing is: **EDOH2550Z**.
- Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Citizenship: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(W-White/Latino(a); B-Black; A-Asian; NA-Native American; U-Unknown)

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
(M=Male; F=Female)

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transaction Control Number (TCN#): \_\_\_\_\_  
(This number will be provided to you by the Live Scan Vendor.)

*You will need to keep this form for your records. Do not send this form to the Board Office.*



## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

### NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

**Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.**

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

**The FBI's Privacy Statement follows on a separate page and contains additional information.**

## PRIVACY STATEMENT

**Authority:** The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub.L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion of approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI( may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as many be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice,FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law , treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.

## Florida Board of Nursing Transcript Request Form

This form is only for use by applicants who are graduating from a United States school outside of Florida. **You must provide this form to your registrar's office for completion.**

Forward an official copy of my transcripts to:

Florida Board of Nursing  
4052 Bald Cypress Way, Bin # C02  
Tallahassee, FL 32399-3252

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Name in school if different from above: \_\_\_\_\_

- Place a check here if you did not graduate from the program and are applying for NCLEX-PN based on practical nursing equivalency.\*

I authorize the school to release the information requested below to the Florida Board of Nursing.

Signature of Student: \_\_\_\_\_

Official transcripts must be in English and include the following information:

- All general education and nursing courses with semester credit hours or contact and grades reported
- Beginning and ending dates of study
- Graduation or withdrawal date
- Degree, certificate or diploma conferred, if applicable

\* If the applicant has checked this box please include course descriptions for each nursing course in the curriculum, even if the applicant did not take or complete all courses.

Please return this form along with the transcript.

Practical Nurse Equivalency (PNEQ) Application Letter  
Rule 64B9-3.002(1)(c), F.A.C.

Applicants seeking licensure by examination using the practical nurse equivalency route must have successfully completed courses in a professional nursing program which are at least equivalent to a practical nursing program in order to be used to satisfy the education requirements for licensure as a licensed practical nurse (Section 464.008 (1)(c), F.S.).

The practical nurse equivalency (PNEQ) requirements include the following:  
The professional or practical nursing curriculum plan documents clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric, and geriatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to, acute care, long-term care, and community settings (Section 464.019(2)(f), F.S.).

The professional or practical nursing program provides theoretical instruction and clinical application in personal, family, and community health concepts; nutrition; human growth and development throughout the life span; body structure and function; interpersonal relationship skills; mental health concepts; pharmacology and administration of medications; and legal aspects of practice (Section 464.019(1)(g), F.S.).

PNEQ Applicants must have: this form submitted directly from the director of the professional nursing program stating that all necessary requirements to sit for the Practical Nurse exam have been met, an official current transcript and course descriptions for all nursing courses in the curriculum must be submitted directly to the Florida Board of Nursing by the school(s) attended.

\_\_\_\_\_  
Applicant Name \_\_\_\_\_  
Dates of Attendance

\_\_\_\_\_  
School/Program \_\_\_\_\_  
Address \_\_\_\_\_  
City

\_\_\_\_\_  
Dean/Director \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Phone Number (Input with dashes)

My signature on this form verifies that the above named applicant meets the requirements to sit for the National Council Licensure Examination-Practical Nurse (NCLEX-PN).

\_\_\_\_\_  
Signature of Program Director \_\_\_\_\_  
Date

DH-MQA 1233, 3/10, Rule 64B9-3.002(1)(c)

DH-MQA 1094, 10/13, Rule 64B9-3.002, FAC